

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California
Form 801
For Official Use Only

Governor's Office

Division, Department, or Region (if applicable)

Street Address

State Capitol, Sacramento, CA 95814

Area Code/Phone Number

E-mail

(916) 445-0873

Agency Contact (name and title)

Dan Maguire, Deputy Legal Affairs Secretary

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Latin Business Association

Name

120 S. San Pedro St., Suite 530

Los Angeles

CA

90012

Address

City

State

Zip Code

business association

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel)

12/10/08

\$

5,000

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The Latino Business Association provided a \$5,000 sponsorship for the Governor's Conference on Small Business and Entrepreneurship, which was held on November 18 - 19, in Los Angeles, California.

Identify the officials for whom the payment was used:

Not applicable

Last Name

First Name

Title

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Will Fox

Deputy Chief of Staff

12 19 08

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)